FILING DATE SERIAL NO. **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER AFTER 1st AMENDMENT 2nd AMENDMENT AS FILED IND. DEP. IND. DEP. IND. DEP. DEP. (t TOTAL IND. TOTAL IND. Ĵ **_**I _1 _1 _1 TOTAL DEP. TOTAL DEP. TOTAL TOTAL

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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